

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598544

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		0		0		
6		0		2		
7		0		2		
8		0		2		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		2		2		
17	1		1			
18		2		2		
19		2		2		
20		2		0		
21	1		1			
22	1					
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TOTAL IND.		↓	31	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						